

## Chemical Agents Reference Chart \*

| CHEMICAL  | SYMPTOMS  | TREATMENT  |
|---|---|--|
| Nerve Agents                                      | Salivation.   | Atropine – initial dose 2 mg. Additional doses until symptoms resolved (will not reverse miosis).  |
| Tabun   | Lacrimation.  | Pralidoxime Chloride – 1 gram IV over 20–30 minutes.   |
| Sarin   | Urination.  | Benzodiazepines – for seizure control or to prevent seizures in severely intoxicated patients.   |
| Soman   | Defecation.   |  |
| VX  | Gastric -<br><br>Emptying.<br><br>Pinpoint pupils (everything looks dark).<br><br>Seizures. |  |
| Cyanides  | Non-specific: anxiety, hyperventilation, respiratory distress.                              | <b>Cyanide Antidote Kit</b>  |
| Hydrogen Cyanide                                  | Cherry-red skin, though classic, is seldom seen.  | Amyl nitrite ampule – first aid until IV established. Crush and place inside mask of BVM; 15 seconds of inhalation, then 15 second break; repeat until IV established.               |
| Cyanogen Chloride                                 | Lactic acidosis and increased concentration of venous oxygen.                               | Sodium nitrite – 300 mg over 2–4 minutes.<br><br>Sodium thiosulfate – 12.5 g over 5 minutes.   |
| Vesicants   | Redness and blisters.   | Topical antibiotics.   |
| Mustard   | Inhalation injury may result in respiratory distress.                                       | Systemic analgesics.   |
| Lewisite  | Leukopenia to pancytopenia.   | Fluid balance (do not overhydrate; not a thermal burn).<br><br>Bronchodilators and steroids for pulmonary symptoms, <b>only</b> if Lewisite is the poison, then BAL is the antidote. |
| Pulmonary Intoxicants                             | Delayed onset of non-cardiogenic pulmonary edema.   | Treat hypotension with fluid; no diuretics.  |
| Chlorine  |   | Ventilate with PEEP.   |
| Phosgene  |   | Bronchodilators.   |
| Riot Control Agents: Pepper Spray, Mace, Tear Gas | Ear, nose, mouth and eye irritation.  | Irrigate.<br><br>Treat bronchospasm with bronchodilators and steroids, as needed.  |

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